

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS
2 CHENELL DRIVE
CONCORD, NEW HAMPSHIRE 03301
(603) 271-2767
FAX: (603) 271-6339
TTD ACCESS : RELAY NH 1-800-735-2964

EMPLOYMENT INTAKE QUESTIONNAIRE

THIS IS NOT A CHARGE OF DISCRIMINATION. This is a questionnaire which will give a Commission investigator information about your claim. An investigator must decide whether you have the basis to file a formal charge. If the investigator needs more information from you, you will be interviewed by telephone, after we receive your completed questionnaire. If a Charge is to be filed, the Commission will draft your charge from the information you provide and will send the charge to you in the mail. You will then sign the charge under oath and return it to the Commission for filing/docketing. If the Commission believes you do not have the basis to file a charge of discrimination, you will be sent a letter explaining why.

Please fill out this form as completely as possible, print out a copy, and mail it to the New Hampshire Commission for Human Rights at: **2 Chenell Drive, Concord, NH 03301.** You may also FAX your completed questionnaire to us at: **603-271-6339.**

Keep a copy of the completed questionnaire for your records.

Name _____ Date _____
Address _____
City _____ State _____ Zip Code _____
Telephone number Home: _____ Work _____
Name, address and phone number of a relative, friend or neighbor who would know how to reach you. _____

I believe I was discriminated against in employment because of:

Race or Color	National Origin	Creed (Religion)	Marital Status
Sex (includes sexual harassment and pregnancy)	Sexual Orientation		
Physical Disability	Mental Disability		
Age (date of birth _____)	Retaliation		

Date of Discrimination: _____

I was treated differently from others or denied the same opportunity in:

☐ Refusal to Hire ☐ Termination/Discharge ☐ Layoff ☐ Pay
☐ Denial of Promotion ☐ Demotion ☐ Maternity ☐ Sex Harassment
☐ Working Conditions ☐ Reasonable Accommodation
☐ other (describe briefly) _____

I wish to file a charge against:

Name of Organization: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (include area code) _____
Approximate number of employees? _____
Are you currently employed by this organization? If yes, when did employment begin? _____ Present position? _____
If no, specify the position you held or sought. _____

Please explain on a separate page what action was taken against you that you believe to be discriminatory. Provide details such as names and dates, etc. Were other persons treated differently than you? Please describe. What harm, if any, was caused as a result of that action?

If you are filing a charge of disability discrimination please provide the following:

How do you allege you were discriminated against based on a disability? What is your disability? What is/was your job or the job you applied for? Did you require a reasonable accommodation to perform the essential functions of your job? If so, did you ask for one and when? How did your employer respond? Include any other information that explains why you believe you were treated differently based on your disability.

FOR AGENCY ACTION ONLY

Action taken:

- | | |
|--|---|
| <input type="checkbox"/> Charge taken | <input type="checkbox"/> Not a covered basis |
| <input type="checkbox"/> Information only | <input type="checkbox"/> Actions complained of do not State valid claim |
| <input type="checkbox"/> Not a timely charge | <input type="checkbox"/> No employer/employee relationship |
| <input type="checkbox"/> CP is a federal employee | <input type="checkbox"/> Referred to another agency: _____ |
| <input type="checkbox"/> Not enough employee | <input type="checkbox"/> Other reason (specify: _____) |
| <input type="checkbox"/> Charge already filed at another agency | |
| <input type="checkbox"/> Civil action already filed in court on same basis | |

Investigator's initials: _____ Date: _____

Letter sent: _____ Date: _____ Initial: _____